

Fill in this information to identify your case:

Debtor 1 Kiley T Sock

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 5:18-bk-02246
(If known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Parole Agent

Commonwealth of Pennsylvania

1101 S Front St
Harrisburg, PA 17104

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

How long employed there? 13 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>5,513.00</u> | \$ <u>N/A</u> |
| 3. Estimate and list monthly overtime pay. | 3. +\$ <u>0.00</u> | +\$ <u>N/A</u> |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ <u>5,513.00</u> | \$ <u>N/A</u> |

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|---|-----------------------------------|
| Copy line 4 here | 4. \$ 5,513.00 | \$ N/A |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 1,346.00 | \$ N/A |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ N/A |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ N/A |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ N/A |
| 5e. Insurance | 5e. \$ 401.00 | \$ N/A |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ N/A |
| 5g. Union dues | 5g. \$ 82.00 | \$ N/A |
| 5h. Other deductions. Specify: | 5h.+ \$ 0.00 | + \$ N/A |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 1,829.00 | \$ N/A |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 3,684.00 | \$ N/A |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ N/A |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ N/A |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 1,187.00 | \$ N/A |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ N/A |
| 8e. Social Security | 8e. \$ 0.00 | \$ N/A |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. \$ 0.00 | \$ N/A |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ N/A |
| 8h. Other monthly income. Specify: Federal Refund | 8h.+ \$ 659.00 | + \$ N/A |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 1,846.00 | \$ N/A |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 5,530.00 + \$ N/A = \$ 5,530.00 | |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | 11. +\$ 0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | 12. \$ 5,530.00 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: | | |

Fill in this information to identify your case:

Debtor 1 Kiley T Sock

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 5:18-bk-02246
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

4

☐ No

☒ Yes

Son

9

☐ No

☒ Yes

Son

13

☐ No

☒ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 560.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 225.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

| | |
|--|--------------------------|
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ <u>300.00</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ <u>115.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>345.00</u> |
| 6d. Other. Specify: _____ | 6d. \$ <u>0.00</u> |
| 7. Food and housekeeping supplies | 7. \$ <u>1,225.00</u> |
| 8. Childcare and children's education costs | 8. \$ <u>767.00</u> |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>500.00</u> |
| 10. Personal care products and services | 10. \$ <u>175.00</u> |
| 11. Medical and dental expenses | 11. \$ <u>65.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ <u>475.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>200.00</u> |
| 14. Charitable contributions and religious donations | 14. \$ <u>8.00</u> |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ <u>0.00</u> |
| 15b. Health insurance | 15b. \$ <u>0.00</u> |
| 15c. Vehicle insurance | 15c. \$ <u>110.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ <u>0.00</u> |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ <u>0.00</u> |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>460.00</u> |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> |
| 17c. Other. Specify: _____ | 17c. \$ <u>0.00</u> |
| 17d. Other. Specify: _____ | 17d. \$ <u>0.00</u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>0.00</u> |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | \$ <u>0.00</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ <u>0.00</u> |
| 20b. Real estate taxes | 20b. \$ <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> |
| 21. Other: Specify: _____ | 21. +\$ <u>0.00</u> |
| 22. Calculate your monthly expenses | |
| 22a. Add lines 4 through 21. | \$ <u>5,530.00</u> |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ _____ |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ <u>5,530.00</u> |
| 23. Calculate your monthly net income. | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ <u>5,530.00</u> |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ <u>5,530.00</u> |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ <u>0.00</u> |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | |
| <input checked="" type="checkbox"/> No. | |
| <input type="checkbox"/> Yes. | Explain here: _____ |

Fill in this information to identify your case:

Debtor 1 **Kiley T Sock**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number **5:18-bk-02246**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kiley T Sock
Kiley T Sock
Signature of Debtor 1

X _____
Signature of Debtor 2

Date **March 10, 2020**

Date _____

Fill in this information to identify your case:

Debtor 1 **Kiley T Sock**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **5:18-bk-02246**
(if known)

☐ Check if this is an amended filing

Official Form 108**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☐ creditors have claims secured by your property, or
- ☐ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|--|
| Creditor's name: PSECU | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Description of property securing debt: 2015 Toyota Sienna 90000 miles | | |
| Creditor's name: Quicken Loans | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Pay lender in accordance with loan documents without modification | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Description of property securing debt: 502 Front St Warrior Run, PA 18706 Luzerne County | | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed? |
|--|----------------------------|
|--|----------------------------|

Debtor 1 **Kiley T Sock**

Case number (if known) **5:18-bk-02246**

| | |
|-----------------------|------------------------------|
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased | |
| Property: | <input type="checkbox"/> Yes |
| | |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased | |
| Property: | <input type="checkbox"/> Yes |
| | |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased | |
| Property: | <input type="checkbox"/> Yes |
| | |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased | |
| Property: | <input type="checkbox"/> Yes |
| | |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased | |
| Property: | <input type="checkbox"/> Yes |
| | |
| Lessor's name: | <input type="checkbox"/> No |
| Description of leased | |
| Property: | <input type="checkbox"/> Yes |

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Kiley T Sock
Kiley T Sock
Signature of Debtor 1

X _____
Signature of Debtor 2

Date March 10, 2020

Date _____

Fill in this information to identify your case:

Debtor 1 Kiley T Sock

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number 5:18-bk-02246
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☒ Check if this is an amended filing

Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☒ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☒ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|--|----------------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ 5,513.00 | \$ |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ 1,183.00 | \$ |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ 0.00 | \$ |
| 5. Net income from operating a business, profession, or farm | | |
| | Debtor 1 | |
| Gross receipts (before all deductions) | \$ 0.00 | |
| Ordinary and necessary operating expenses | -\$ 0.00 | |
| Net monthly income from a business, profession, or farm | \$ 0.00 | Copy here -> \$ 0.00 |
| 6. Net income from rental and other real property | | |
| | Debtor 1 | |
| Gross receipts (before all deductions) | \$ 0.00 | |
| Ordinary and necessary operating expenses | -\$ 0.00 | |
| Net monthly income from rental or other real property | \$ 0.00 | Copy here -> \$ 0.00 |
| 7. Interest, dividends, and royalties | \$ 0.00 | \$ |

Column A
Debtor 1**Column B**
Debtor 2 or
non-filing spouse**8. Unemployment compensation**\$ **0.00**

\$

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**

For your spouse \$

- 9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ **0.00**

\$

- 10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

• **Federal Refund**

\$ **659.00**

\$

\$ **0.00**

\$

Total amounts from separate pages, if any.

+ \$ **0.00**

\$

- 11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **7,355.00**

+ \$

= \$ **7,355.00**Total current monthly
income**Part 2: Determine Whether the Means Test Applies to You**

- 12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>**\$ **7,355.00**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **88,260.00**

- 13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

PA

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household.

13. \$ **93,645.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

- 14. How do the lines compare?**

- 14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.
- 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Kiley T Sock**Kiley T Sock**

Signature of Debtor 1

Date **March 10, 2020**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.